



**Kewaunee County Youth Soccer Association**  
**2010 FIVE YEAR OLD Registration Form**  
 Visit us online at [www.kcysa.org](http://www.kcysa.org)



**FEE: \$20.00/CHILD DUE WITH FORMS BY 2/28/10 (FORMS POSTMARKED AFTER 2/28/09 INCLUDE \$25.00/CHILD FEE)**  
 Mail completed registration forms **with payment to:** (Make check payable to Kewaunee County Youth Soccer Association)  
**Kewaunee County Youth Soccer Association**  
 P.O. Box 212 **\*\* Any checks returned for non-sufficient funds will be charged a \$20**  
 Luxemburg, WI 54217 **NSF fee and all associated bank fees and service charges.**

**Player Information:** *Player's Name* \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell #1 \_\_\_\_\_ Cell #2 \_\_\_\_\_  
 Birthday \_\_\_ / \_\_\_ / \_\_\_ Child's Age on 7/31/09 \_\_\_\_\_ Sex: Male Female  
 Home Field Choice: Algoma Kewaunee Luxemburg Email Address \_\_\_\_\_  
 Shirt Size (circle one): Child: S (6) M (8-10) L (12-14)

**Medical Information:**  
 Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Medications Child is taking \_\_\_\_\_ Allergies \_\_\_\_\_  
 Other Medical Conditions of Child \_\_\_\_\_  
 Health Insurance Co & Plan Number \_\_\_\_\_  
 Alternate Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Release Form:** *Player's Name* \_\_\_\_\_

We (I) certify that the above medical information is correct and that I hereby hold the Kewaunee County Youth Soccer Association free and harmless for any liabilities that may arise while my child or I participate in any of the Association's activities. I acknowledge that I must have adequate health insurance to cover any injuries while involved in Association activities. We (I) the parent(s) or legal guardian give permission to any doctor or hospital for emergency medical treatment or admittance for care of our child for illness or accident if we cannot first be contacted.

We (I) hereby agree that the Kewaunee County Youth Soccer Association (KCYSA), its members, coaches, directors, referees, officers, or designates shall not be liable for any injury or loss which my child or children may sustain while participating in activities of any kind whether sponsored by or under the supervision of KCYSA. We (I) agree to indemnify and hold harmless KCYSA, its members, coaches, directors, referees, officers, or designates of any kind from any claim concerning my child whatsoever.

We (I) hereby grant permission for my child to join the Kewaunee County Youth Soccer Association. If any injury does occur and emergency treatment is deemed necessary, I hereby grant permission to the Kewaunee County Youth Soccer Association and its staff of volunteers to secure medical treatment for my child.

WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES, OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

We (I) hereby grant permission for my child's/children's photo to be used by KCYSA for positive promotional or publicity purposes. If photos are used by KCYSA, no names will be printed.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Kewaunee County Youth Soccer Association is a Volunteer organization; please circle below where you can help (if none are circled, you will be assigned where needed) Field Prep 5 Year Old program Coaching Tournament Other  
**Volunteer's Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**FOR ADMINISTRATION USE ONLY**  
**Fee Paid:** \_\_\_ \$20.00 (Before 2/28) \_\_\_ \$25.00 (After 2/28) Cash \_\_\_ Check # \_\_\_\_\_ Received By: \_\_\_\_\_